U.S. Senator Debbie Stabenow
In Focus: The National Cancer Act

The "National Cancer Act of 2002" represents a comprehensive national battle plan to modernize and re-energize the Nation's war on cancer, a war which former President Nixon declared in his State of the Union Address on January 22, 1971.

The thrust of this bill is to increase cancer research and speed the discovery and application of new cancer treatments to find cures. The bill also has provisions designed to bolster the cancer care workforce, and to prevent cancer.

This legislation is timely. Cancer is the Nation's second cause of death, trailing heart disease. Over the next 30 years, cancer will surpass heart disease and become the leading cause of death as the baby boomers age.

Research Provisions

Funding More Research Grants to Find a Cure
Much has changed in the area of cancer research since 1971. The explosion in knowledge about the human genome and molecular biology will enable scientists to better target cancer drugs. We are now in the genomic era, on the cusp of discoveries and cures that we could only have dreamed about in 1971.

The legislation includes a provision to enable the National Cancer Institute (NCI) to fund up to 40 percent of the research grant applications it receives, up from the current level of 28 percent. NCI scientists believe funding 40 percent of grants is optimal for achieving a balanced research portfolio which will lead to more breakthroughs, treatments, and, ultimately, to a cure. NCI currently funds 4,500 research project grants at nearly 600 institutions every year. This represents 28 percent of the 16,000 grant proposals NCI receives. Scientists say that we should be funding at least 6,400 grants, or 40 percent.

We now have drugs, like Gleevec for Chronic Myeloid Leukemia and Herceptin for breast cancer, that can target and destroy cancer cells while leaving healthy cells unharmed. Patients, who were considered terminal, have taken Gleevec and were able to get out of their beds and leave the hospice within days of treatment. After one-year of clinical trials for Gleevec, 51 out of 54 patients were still doing well. With 4,500 Americans diagnosed with Chronic Myeloid Leukemia a year, the potential for this drug is tremendous. And just this month, Gleevec was approved by the FDA to treat another cancer (Gastrointestinal Stromal Tumors)**,** suggesting that the potential for this drug may be even greater than we hope.

Expanding the Number of Biomedical Researchers
There is a shortage of biomedical researchers in the cancer field because of inadequate pay. This shortage slows the pace of discovery and delays the development of new drugs and treatments.

The legislation would create a new program to pay off the medical school loans of 100 physicians per year who commit to spend at least three years as cancer researchers. This provision would also boost the annual salaries of 1,000 post-doctoral researchers over 5 years, up from the current starting salary of $28,000.

Every year, young physicians and researchers avoid the field of cancer research because, frankly, they feel they can make more money elsewhere. This provision will help reverse that trend and add thousands of men and women on the front lines of the fight.

Expanding the Scope of Research
The legislation would also require the NCI to prepare one or more strategic plans detailing how the Institute will expand its research in prevention, environmental risk factors, symptom management, imaging and screening, palliative care and pain management, health disparities, cancer survivorship, quality of life research, and behavioral research.

Encouraging Drug Companies to Produce Drugs for Small Cancer Populations
The legislation would provide tax and marketing incentives to encourage pharmaceutical companies to produce "orphan drugs," or drugs targeted to small cancer patient populations (less than 200,000).

Beginning with Gleevec and continuing into the future, drugs will target a narrow genetic or cellular mutation. While this holds great promise for patients, it also means that the number of treatments will proliferate, thereby segmenting cancer patients into smaller and smaller populations. In some cases, this will mean that pharmaceutical companies – for strictly financial reasons – may not want to produce a given drug. This provision would create incentives for those companies to produce and market the drugs targeted to patient populations of less than 200,000.

From the Bench to the Bedside

The legislation would provide $100 million per year for new, NCI-awarded grants for work that moves promising drugs "from the bench to the bedside." Promising new drugs and treatments need to be tested in clinical trials. Currently, there are many new drugs under development that are awaiting clinical trails because we have not put the resources into having the people-based research to test those drugs. At present, only 4 to 5 percent of adult cancer patients participate in clinical cancer trials (compared to 60 percent of children with cancer).

The legislation also requires all insurers (private, Medicaid, and Medicare) to pay the routine medical costs associated with participating in clinical trials. Many States, including California, already require coverage by private insurers.

Bolstering the Cancer Care Workforce

The Nation is currently experiencing a shortage of nurses and other health care providers which will likely worsen as the baby boomers age. Over the next 30 years, cancer will surpass heart disease as the nation's leading killer as the population ages.

This bill would authorize a new program funded at $100 million annually, under the Health Resources and Services Administration (HRSA), to attract, train, and retrain health care professionals who commit to providing cancer care, especially in under-served communities and in those cancer care professions for which there are anticipated shortages. This authorization means that 600,000 additional registered nurses would receive tuition assistance in exchange for helping patients with cancer.

Improving Access to Care/Quality of Care

The best way to beat cancer is to prevent it from occurring, or to detect it as early as possible. Cervical cancer, for example, can be prevented almost entirely when precancerous lesions are detected and removed.

Coverage of Prevention Measures
This legislation would require insurers to pay for cancer screenings, smoking cessation, nutritional counseling, and genetic testing (among people with demonstrated risk). Prevention and early detection can save lives and money.

It also authorizes $250 million to the Center for Disease Control's Breast and Cervical Cancer Screening Program and $50 million to create a demonstration program to expand the program to include screening for colorectal cancer.

IOM Study: Medicare Coverage to Uninsured Cancer Patients
The legislation also directs the Institute of Medicine (IOM) to study the feasibility of providing Medicare coverage to the seven percent of all cancer patients who lack other insurance, and it directs the Agency for Healthcare Research and Quality (AHRQ) to coordinate the development and dissemination of consensus protocols and practice guidelines for optimal cancer treatments, prevention, palliation, symptom management, and end-of-life care.

Cancer Quarterback
All too often, having cancer is a lonely and frightening experience. Cancer patients have a team of doctors, from the primary care physician to the radiologist to the oncologist. Patients need one doctor to be in charge. This legislation would authorize Medicare and Medicaid and private insurance to make payments to physicians, preferably a cancer specialist, who coordinate or otherwise provide overall management of their patients' cancer care. The benefit of a cancer "quarterback," is that coordinated care improves health outcomes.

State Cancer Plans
The bill authorizes $65 million for the Centers for Disease Control and Prevention (CDC) to provide grants to each State, Associated Territory, and Tribal Entity to prepare or update its Cancer Plan. Currently, only 16 States have a cancer plan.

Working to Prevent One-Third of Cancer

Over the past two decades, we have learned that tobacco companies have manipulated the level of nicotine in cigarettes to increase the number of people addicted to their product. The cancer community is united in the belief that the single most important preventive measure is to place tobacco products under the regulatory control of the Food and Drug Administration (FDA). It is long past time to reduce the addictive nature of cigarettes and curtail the marketing of these products to young people -- I believe that empowering the FDA to regulate tobacco will help do that.

This bill would give Food and Drug Administration (FDA) authority to regulate the content and marketing of tobacco products. Such a provision was controversial a few years ago, but not as much now: "As the leading manufacturer of cigarettes in the United States, Philip Morris U.S.A. strongly supports passage of legislation by the 107th Congress to grant the Food and Drug Administration (FDA) meaningful, tough, and effective regulatory authority over tobacco products." (Excerpted from www.philipmorris.com.)